


MEDICAL TREATMENT OF PRISONER
 PD 244-150 (Rev. 12-99)-Pent-RMU

SECTION I - TO BE COMPLETED BY N.Y.P.D.						Date 7/1/13	
Prisoner's Name (Last, First, M.I.) (Print) CORTES, GONZALO						Age 44	Sex M
Address [REDACTED]				Zip Code 11106	Apt.	Telephone No.	
Arresting Officer:	Rank (Print) PO	Name (Last, First, M.I.) SMITH	Signature <i>[Signature]</i>	Shield No. 9407	Tax Reg. No. 952253	Command 169	
Arrest No. Q13639344	Cmd. Of Arrest 115		Charge PL-120.00 / PL-240.26				
Escort Officer:	Rank (Print) PO	Name (Last, First, M.I.) SMITH	Signature <i>[Signature]</i>	Shield No. 6503	Tax Reg. No. 937399	Command 115	
Prisoner Requests/Requires Medical Aid <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Prisoner Refused Medical Aid <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date 7/1/13	Time 0735	Prisoner's Signature	
Transported To Hospital (Name) EGH	Date 7/1/13	Time 0735	Via Patrol <input checked="" type="checkbox"/> Wagon #	RMP #	ACR #	Operator Rank (Print) Name (Last, First, M.I.)	
Returned From Hospital	Attempted Suicide <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Nature Of Illness/Injury PAIN TO RT. SHOULDER				If Injury <input type="checkbox"/> Old <input checked="" type="checkbox"/> New	
Restraining Devices Used <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			E.S.U. Responded <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Yes, Respondent's Rank (Print) Name (Last, First, M.I.)		
Prescription Medication <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Prescription Number And Name Of Physician		Pharmacy / Phone No.		Property Clerk Invoice No./Cmd.	
Possessed At Arrest <input checked="" type="checkbox"/> No							

Remarks:

PRISONER SUSTAINED A MINOR LACERATION TO RT. HAND AND A COMPLAINT OF PAIN TO RT. SHOULDER, WAS CHECKED AND TREATED BY ECU GEN. HOSPITAL.

JUL 1 3 04
 POLYGRAPH
 ARRANGING UNIT

Prisoner Refused Medical Aid In The Field <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Prisoner Refused Medical Aid At The Command <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Prisoner Refused Medical Aid Within The Court Section <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Recommend Prisoner Be Separated From General Population <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
E.M.S. Field Personnel	Print Name (Last, First, M.I.)	Shield #	Date	Time	Refer To Hospital Emergency Room <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
E.M.S. Court Section	Print Name (Last, First, M.I.)	Shield #	Date	Time	Refer To Hospital Emergency Room <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NYPD Supervisor/Desk Officer	Rank (Print) PO	Name (Last, First, M.I.) SMITH	Signature <i>[Signature]</i>	Cmd. Of Arrest/Court Section 115	Date 7/1/13	Time 0600	

SECTION II - TO BE COMPLETED BY HOSPITAL MEDICAL STAFF

Admitted To Hospital <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suicide Watch Recommended By Hospital Staff <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Transfer to Psychiatric Hospital Recommended By Hospital Medical Staff <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medication Prescribed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medication To Be Taken As Prescribed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medication To Travel With Prisoner <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Refer To Psychiatric Hospital <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Print Name (Last, First, M.I.) FERNANDO, DIALI		Signature <i>[Signature]</i>	Title MD	Date 7/1/13
NYPD Court Section Supervisor:		Rank (Print) PO	Name (Last, First, M.I.) SMITH	Signature <i>[Signature]</i>
Received By Department Of Correction:		Rank (Print)	Name (Last, First, M.I.)	Signature
		Shield / I. D. #	Date	Time

DISTRIBUTION: 1. WHITE, 2. BLUE, 3. PINK - DEPT. OF CORRECTION, 4. BUFF - CMD. OF ARREST, 5. GREEN - ARRAIGNING JUDGE. (Receipt will be obtained by Escorting Officer on PINK COPY and returned to COURT SECTION facility. Upon receipt of PINK COPY, COURT SECTION Supervisor will remove BUFF COPY from FILE and forward it to COMMAND OF ARREST FOR FILE.)

NOTE: A PHOTO COPY OF THIS FORM MAY BE PROVIDED UPON REQUEST TO HEALTH AND HOSPITALS CORPORATION (HHC) PERSONNEL.

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